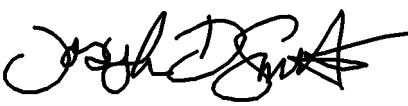


|   |  |                         |                                      |   |   |  |   |  |                            |                     |  |
|---|--|-------------------------|--------------------------------------|---|---|--|---|--|----------------------------|---------------------|--|
| <b>ORDER FOR SUPPLIES OR SERVICES</b><br>(Contractor must submit four copies of invoice.)   |  |                         |                                      |   |   | Form Approved<br>OMB No. 0704-0187<br>Expires Jun 30, 1997         |   | PAGE 1 OF<br><b>6</b>  |                            |                     |  |
| Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503. |  |                         |                                      |   |   |  |   |  |                            |                     |  |
| <b>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</b><br><b>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</b>  |  |                         |                                      |   |   |  |   |  |                            |                     |  |
| 1. CONTRACT/PURCH ORDER NO.<br><b>SP0935-04-D-5L71</b>  |  |                         | 2. DELIVERY ORDER NO.<br><b>0002</b> |   | 3. DATE OF ORDER (YYMMDD)<br><b>2004 MAR 03</b> |  | 4. REQUISITION/PURCH REQUEST NO.<br><b>YPE04054000399</b> |  | 5. PRIORITY<br><b>DOA7</b> |                     |  |
| 6. ISSUED BY<br>CODE <b>SP0900</b><br><b>Defense Supply Center Columbus</b><br><b>3990 E. Broad St.</b><br><b>P.O. Box 16704</b><br><b>Columbus, OH 43216-5010</b><br><b>Local Administrator: PCCCTEQ (614)692-1352 / FAX: (614)693-1620</b><br><b>E-mail: Kelly.Penwell@dla.mil</b>  |  |                         |                                      | 7. ADMINISTERED BY (If other than 6)<br>CODE <b>S0512A</b><br><b>CMDR DCMC VAN NUYS</b><br><b>6230 VAN NUYS BLVD</b><br><b>VAN NUYS CA 91401-2713</b><br><b>CRITICALITY: C</b>                            |   |  |   | 8. DELIVERY FOB<br><input checked="" type="checkbox"/> DEST<br><input type="checkbox"/> OTHER<br>(See Schedule if other)   |                            |                     |  |
| 9. CONTRACTOR<br>CODE <b>32067</b><br><br><b>MARVIN ENGINEERING CO. INC.</b><br><b>260 W. BEACH AVENUE</b><br><b>INGLEWOOD CA 90302-2903</b>  |  |                         |                                      | FACILITY CODE   |   | 10. DELIVER TO FOB POINT BY (Date) (YYMMDD)<br><b>170 DAYS ADO</b> |   | 11. MARK IF BUSINESS IS<br><input checked="" type="checkbox"/> SMALL<br><input type="checkbox"/> SMALL DISADVANTAGED<br><input type="checkbox"/> WOMEN-OWNED   |                            |                     |  |
| NAME AND ADDRESS  |  |                         |                                      | 12. DISCOUNT TERMS  |   | 13. MAIL INVOICES TO<br><b>See Block 15</b>                        |   |  |                            |                     |  |
| 14. SHIP TO<br>CODE<br><b>See Schedule - Do Not Ship to Address in Block 6</b>  |  |                         |                                      | 15. PAYMENT WILL BE MADE BY<br>CODE <b>S33184</b><br><b>DFAS - COLUMBUS CENTER</b><br><b>ATTN DFAS BVDPC/CC</b><br><b>3990 E BROAD ST PO BOX 182317</b><br><b>COLUMBUS OH 43218-6205</b><br><b>EFT: T</b> |   |  |   | MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER   |                            |                     |  |
| 16. TYPE OF ORDER<br>DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/><br>This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.<br>Reference your <b>offer dated 2003 JUL 31</b> and furnish the following on terms specified herein.<br><b>ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.</b>   |  |                         |                                      |   |   |  |   |  |                            |                     |  |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE<br><br><b>EG: 97X4930 5CE0 001 26.0 S33150</b>  |  |                         |                                      |   |   |  |   |  |                            |                     |  |
| 18. ITEM NO.      19. SCHEDULE OF SUPPLIES/SERVICE      20. QUANTITY ORDERED/ACCEPTED*      21. UNIT      22. UNIT PRICE      23. AMOUNT  |  |                         |                                      |   |   |  |   |  |                            |                     |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>Remarks:</b><br/> <b>ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.</b> </div> <div> <b>TOTAL:</b><br/> <b>59</b> </div> </div>   |  |                         |                                      |   |   |  |   |  |                            |                     |  |
| * If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.<br><br>26. QUANTITY IN COLUMN 20 HAS BEEN<br><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED<br><br>DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____<br>36. I certify this account is correct and proper for payment.<br><br>DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____   |  |                         |                                      | 24. UNITED STATES OF AMERICA <b>Joseph Smith</b> <b>PCCCLHL</b><br><br>BY:    |   | 25. TOTAL    \$ <b>93220.00</b><br>29. DIFFERENCE<br>30. INITIALS  |   | 32. PAID BY<br><br>31. PAYMENT<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br><input type="checkbox"/> COMPLETE<br><input type="checkbox"/> PARTIAL<br><input type="checkbox"/> FINAL<br>33. AMOUNT VERIFIED CORRECT FOR<br>34. CHECK NUMBER<br>35. BILL OF LADING NO. |                            |                     |  |
| 37. RECEIVED AT   |  | 38. RECEIVED BY (Print) |                                      | 39. DATE RECEIVED (YYMMDD)  |   | 40. TOTAL CONTAINERS   |   | 41. S/R ACCOUNT NUMBER   |                            | 42. S/R VOUCHER NO. |  |

|  |  |           |                  |
|--|--|-----------|------------------|
| CONTINUATION SHEET   | Order Number:<br>SP0935-04-D-5L71-0002 | PAGE<br>2 | OF<br>PAGES<br>6 |
| <p>All terms and conditions of Basic SP093504D5L71 apply</p> |  |           |                  |

## CONTINUATION SHEET

Order Number:

SP0935-04-D-5L71-0002

PAGE OF PAGES

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6

## SECTION B

PR YPE04054000399  
NSN 5865-00-232-1749

## ITEM DESCRIPTION:

COVER ASSEMBLY, PORT

NO DATA IS AVAILABLE. THE ALTERNATE OFFEROR IS  
REQUIRED TO PROVIDE A COMPLETE DATA PACKAGE  
INCLUDING DATA FOR THE APPROVED AND ALTERNATE  
PART FOR EVALUATION.

CRITICAL APPLICATION ITEM

MARVIN ENGINEERING CO. INC. (32067) P/N 636R436G04  
NORTHROP GRUMMAN SYSTEMS CORPORATIO (97942) P/N 636R436G04

| <u>ITEM</u> | <u>PR</u>      | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0001        | YPE04054000399 | 0001        | 44              | EA          | \$1580.00000      | \$69520.00    |

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
QUP = 001: PRES MTHD = ZZ: CLNG/DRY = X: PRESV MAT = XX:  
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:  
UNIT CONT = XX: OPI = O:  
INTRMDTE CONT = XX: INTRMDTE CONT QTY = XXX:  
PACK CODE = U:  
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.  
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.  
SUPPLEMENTAL INSTRUCTIONS  
PRESERVATION AND PACKAGING SHALL BE IAW THE  
LATEST REVISION OF MILITARY SPECIFICATION:  
MIL-E-17555, FOR ELECTRONIC EQUIPMENT.  
.  
WHEN ZZ IS THE METHOD OF PRESERVATION, USE LEVEL  
'A' PRESERVATION AS CITED IN THE COMMODITY  
SPECIFICATION.

CONTINUED ON NEXT PAGE

SECTION B

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH  
MIL-STD-129 (LATEST REVISION) MARKING AND BAR  
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: DESTINATION BY: 2004 AUG 20

PARCEL POST/FREIGHT ADDRESS:

SW3119  
DEF DIST DEPOT WARNER ROBINS  
455 BYRON STREET BLDG 376  
ROBINS AFB GA 31098-1887

NON-MILSTRIP  
PROJ

\* \* \* \* \*

| <u>ITEM</u> | <u>PR</u>      | <u>PRLI</u> | <u>QUANTITY</u> | <u>UNIT</u> | <u>UNIT PRICE</u> | <u>AMOUNT</u> |
|-------------|----------------|-------------|-----------------|-------------|-------------------|---------------|
| 0002        | YPE04054000399 | 0002        | 15              | EA          | \$1580.00000      | \$23700.00    |

QTY VARIANCE: PLUS 0% MINUS 0%  
INSPECTION POINT: ORIGIN  
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999  
MIL-STD-2073 PACKAGING DATA SAME AS PRIOR LINE

DELIVER FOB: DESTINATION BY: 2004 AUG 20

PARCEL POST ADDRESS:

W62G2T  
XU DEF DIST DEPOT SAN JOAQUIN  
TRANSPORTATION OFFICER  
PO BOX 960001  
STOCKTON CA 95296-0130

CONTINUED ON NEXT PAGE

SECTION B

FREIGHT SHIPPING ADDRESS:

W62G2T  
XU DEF DIST DEPOT SAN JOAQUIN  
25600 S CHRISMAN ROAD  
REC WHSE 10 PH 209 839 4307  
TRACY CA 95376-5000

NON-MILSTRIP  
PROJ

\* \* \* \* \*

REMIT PAYMENT TO:

\* \* \* \* \*

CONTINUED ON NEXT PAGE

|  |  |           |                  |
|--|--|-----------|------------------|
| CONTINUATION SHEET   | Order Number:<br>SP0935-04-D-5L71-0002 | PAGE<br>6 | OF<br>PAGES<br>6 |
| <p>THE PURCHASE ORDER CLAUSES ARE APPLICABLE AS INDICATED IN THE<br/>DSCC MASTER SOLICITATION FOR AUTOMATED SOLICITATIONS AND<br/>RESULTING AWARDS REVISION 14 FOUND ON THE DSCC WEB SITE AT<br/><a href="http://dibbs.dscc.dla.mil/refs/provclauses/">http://dibbs.dscc.dla.mil/refs/provclauses/</a></p> |  |           |                  |